

The Obesity Epidemic:

SAN DIEGO'S PLAN TO ADDRESS CHILDHOOD OBESITY

By Adrienne Yancey, MPH, and Wilma J. Wooten, MD, MPH

As more Americans than ever before are overweight, it is appropriate to bring attention to this issue during a time of year when so many fad diets are started and abandoned. The United States is experiencing considerable increases in overweight (defined for adults as a body mass index (BMI) greater than 25) and obesity (BMI greater than or equal to 30).

The U.S. Surgeon General's *Call to Action to Prevent and Decrease Overweight and Obesity*, released in 2001, reports that approximately 300,000 adult deaths in the United States each year can be attributed to unhealthy dietary habits and physical inactivity or sedentary behavior (1, 2). According to data from the 1999-2000 National Health and Nutrition Examination Survey (NHANES), nearly two-thirds of adults in the United States are overweight, including 27 percent of those who are obese (3).

These statistics are staggering, but the problem does not stop with adults. Increased weight gain now cuts across all ages, racial and ethnic groups, and both genders (4). Nationally, the prevalence of obesity has doubled in children (from 7 to 13 percent), and tripled in adolescents (from 5 to 14 percent) over the past two decades (5). San Diego County's children are following the same trend with as many as 36 percent being overweight (6). Most disconcerting is that 70 percent of overweight adolescents become overweight adults. Due to the overwhelming increase in childhood obesity, the third week of January is now designated as Healthy Weight Week.

Overweight and obesity are caused by many factors, including a combination of genetic, metabolic, behavioral, environmental, cultural, and socioeconomic influences. Numerous environmental factors have also contributed to the increase in childhood obesity, including urban sprawl, availability of junk food, growing portion sizes, lack of safe play areas, and the increasing popularity of television, video games, and computer use. These problems are so huge that they seem insurmountable. By in large, the greatest contributors to overweight and obesity are behavioral and environmental factors, which also provide the best opportunity for actions and interventions designed for prevention and treatment. Additionally, there are many strate-

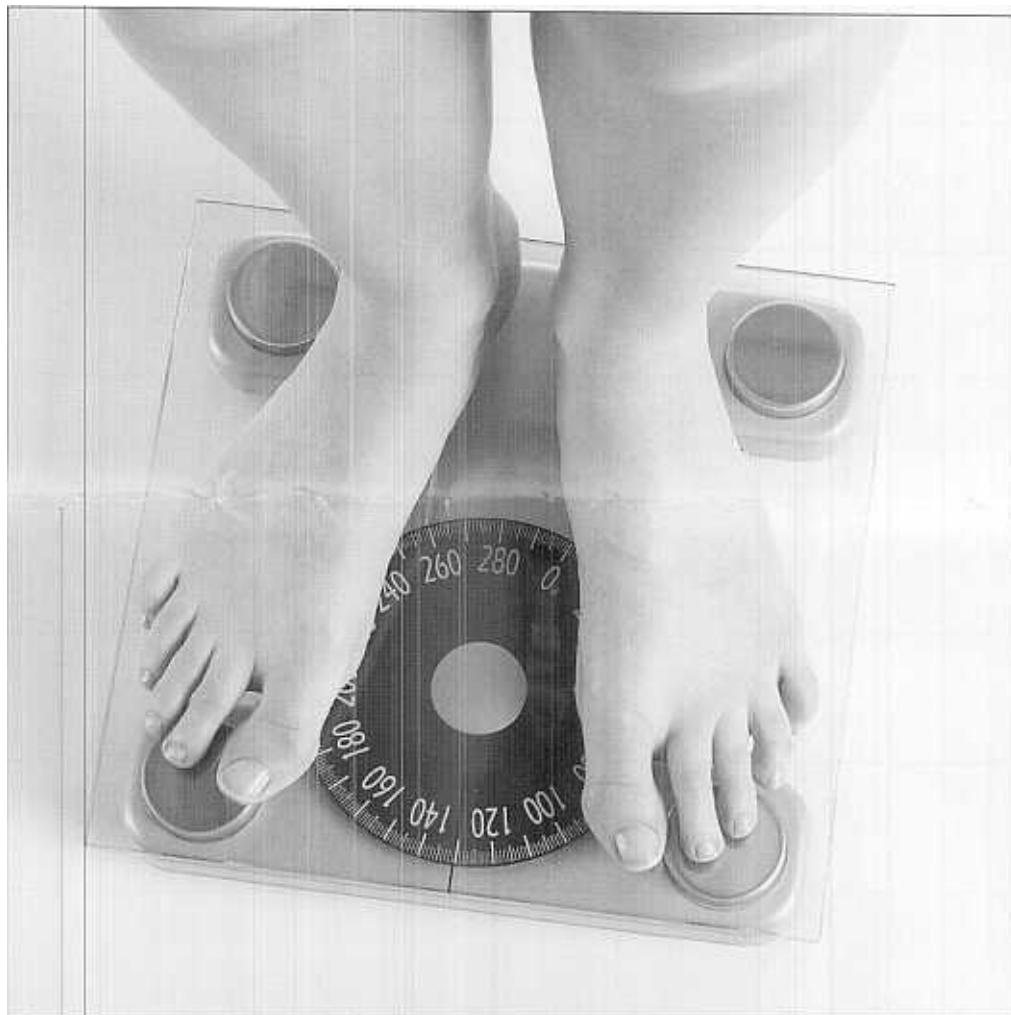
gies that a health professional can implement in the clinical setting to help curb this epidemic.

Growing research points to a child's early food experiences as a critical time for preventing childhood obesity and creating lifelong healthful eating habits. Healthcare providers have a great opportunity to prevent childhood obesity by teaching parents the basic feeding dynamics principals introduced by renowned child nutrition expert Ellyn Satter. These principals explain that children have an innate ability to recognize hunger and satiety cues. When parents interfere with this by forcing children to eat when they are not hungry or restricting food when they are hungry then children lose their natural hunger and satiety cues resulting in overeating. The division of responsibility was developed to communicate the feeding / eating responsibilities of the parent and the child. Parents are responsible for what food is served and when it is served; children are responsible for how much or even whether to eat. By practicing this division of responsibility consistently, along with offering healthful food choices and many opportu-

nities for physical activity, a child will have a much better chance of reaching and maintaining a healthy weight (7).

Another equally important role of the physician is to chart a child's growth utilizing the Centers for Disease Control and Prevention (CDC) BMI-for-age growth charts (8). It is important to note that when charting a child's growth, not only is the child's growth compared to the chart standards, but also this practice presents an opportunity to review the child's growth acceleration looking specifically for any abnormal upward weight divergence for that individual child. This is valuable for two reasons because it: 1) prevents inappropriately labeling a child with a higher set weight as overweight and 2) allows for early detection and intervention to prevent further divergence from that child's normal growth pattern.

San Diego County is aggressively addressing the overweight and obesity epidemic through the development of a comprehensive countywide Childhood Obesity Action Plan to coordinate current efforts and serve as a roadmap for change. In



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October 2004, at the recommendation of Chairwoman Pam Slater-Price and Supervisor Ron Roberts, the San Diego County Board of Supervisors unanimously voted "to support the creation, coordination, and implementation of a Childhood Obesity Master Plan to end childhood obesity." Community Health Improvement Partners (CHIP) — a collaboration of organizations with the common goal of achieving improved health for San Diego communities — assisted in the coordination of the plan. Individuals with special expertise in the areas of healthcare, nutrition, and physical activity were invited to serve on a steering committee to guide the process. With input from multidisciplinary partners, community residents, and others, the steering committee developed the *Call to Action: San Diego County Childhood Obesity Action Plan*. The objectives of the plan include:

- Building awareness about the problem of childhood obesity;
- Serving as a guide for all those interested in San Diego County in addressing childhood obesity, including agencies, institutions, and neighborhoods;
- Planting a seed and building momentum for action without being prescriptive;
- Catalyzing partnerships for those already working on this issue with new organizations and new sectors;
- Ensuring strategies emphasize policy and environmental changes and not just individual and family efforts; and
- Creating a plan document that supports community partners in their efforts.

The plan is structured around the ecological model of health promotion, which focuses on environmental changes, behaviors, and policies that help individuals make health choices in their daily lives. Strategies for the plan are presented in seven domain areas: city and county governments; healthcare systems and providers; schools; child-care, preschools and before- and after-school providers; community-based, faith-based, and youth organizations; media outlets and marketing industry; and businesses. Scheduled for release in late January 2006, the plan will encourage organizations to join others in the county and make their own formal commitment to adopt and implement a strategy from the plan.

If there is an interest in making a commitment to address childhood obesity or if more information about the obesity plan is needed, contact (619) 692-5693. For more information on local obesity prevention efforts, trainings, or resources, please visit the Coalition on Children and Weight San Diego website at www.ccwsd.net. The Coalition is currently collaborating with the American Academy of Pediatrics on school advocacy to improve the school nutrition and physical activity environment. ❧

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SAN DIEGO COUNTY HEALTH STATS

Childhood Obesity

- In San Diego County, 13.9% of adolescents, ages 12–17, are overweight or obese. This includes adolescents who have a body mass index (BMI) in the 95th percentile with respect to their age and gender (1).
- In San Diego County, 54.0% of adults, ages 18 and up, are overweight or obese, with a BMI of 25 or greater (1).

January 15–21, 2006, is Healthy Weight Week. For more information about Healthy Weight Week, visit www.healthyweight.net. To request additional health statistics describing health behaviors, diseases and injuries for specific populations, health trends and comparisons to national targets, please call the County's Community Health Statistics Unit at (619) 285-6479. To access the latest data and data links, including the 2004 Core Public Health Indicator document, visit www.sdhealthstatistics.com.

References: ■ 1. California Health Interview Survey, 2003, Los Angeles, CA: UCLA Center for Health Policy Research.